

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identificat Number				ort Filed I	Ву Са	ndid	ate	X	Committee			Lobbyi	st
Name of Filing (Lobbyist	Committee, C	andidate or	Jim McHale					10,300					
Street Address			1512	Bern Street	t								
City	Reading				Sta	ite	PA		Zip Code	19604			
Type of Report (Place x under	report type)		<u> </u>				=					
1-6 th Tuesday Pre-Primary	2- 2 nd Friday Pre-Primary			Tuesday lection	5- 2 nd Fri Pre- Elec	and service.	6- 30 Da		7- Annual	Special 2 Pre-Elect	Street Section Section 1	Special Post-Ele	The second second second
			1:79	1/20/23/22	CHSMIT C	2 JP	X						
Date Of Election (MM/DD/YYYY)		11/03/2015	rear		2015		Amenda Report	ment		Terminat Report	ion	×	<u></u>
Summary of Rec	eipts and	From Date		To Date		3			For	Office Use	Only		Saraxia
Expenditures		10/20/2015		11/23/2015									
A. Amount Broug	ght Forward F	rom Last Report	\$		0			No. S. F.	si (Yelinan)	W. CONTROLLE			
B. Total Monetar (From Schedule I	y Contributio	ns and Receipts	\$		0								
C. Total Funds Av	railable		\$		0	-1							
(Sum of Lines A a D. Total Expendit			\$			{							
(From Schedule II	II)				0	_ #							
E. Ending Cash Ba (Subtract Line D f			\$ 0										
F. Value of In-Kin (From Schedule II		ns Received	\$		0								
G. Unpaid Debts a	and Obligation	ns	\$			-1							
(From Schedule I\	/)				0								
Part 1- If this is a Co	mmittee report	, treasurer sign here.	If th	is is a Cand i	Affidavi	t can	didate cian	here					
swear (or affirm) the Sworn to and subscr	nat this report, i	ncluding the attached	sch	edules on p	paper, is to	the be	est of my k	nowledg	e and belief tru	e, correct an	d complete		
day of	7- 1	this <u>iC_2015</u>		1.									
Kinilouli		120 13				$\overline{}$	Sigr	nature of	Person Submit	ting report		-	
S/E	grature	u_{-}		Ĺ		Jame	s R. McHa	le	Printed Name			_	
Ay Commission expi	18SOF DENING	DEVANIA DIT		. !		484			467-71	20			
NOTA	RIAL SEAL	DAY YR.				Are	a Code	~		me Telephor	e Number	_	
art II- if this is a rep	CEITH Notan	Public Public Com	mitt	ee, candida	ite shall sig	n here	<u> </u>						
swear (of Siftirm) the Commission Ex	pires Novemb	en 25, 27 17 se and l	oelie	fthis politic	al committ	ee ha	s not violat	ted any p	rovisions of the	Act of June	3, 1937 (P.	L. 1333, NC).320) as
worn to and subscrib	had bafara ma	this					\wedge						
zrd f	lenombor	15					H	e.					
Digital land	A	1 1/2					/	Signat	ure of Candidat	-		-	
Sign	nature	w		Ι,		James	R. McHale	2					
y Commission expire	<i>'</i> , .	29 2717		, 1		484		Pri	nted Name 467-7120)			
OMMONWEALT	H OFFENNS	XLVANIA				Area	Code			e Telephone	Number		
NOTA KIMBERI Y.S. I	RIAL SEAL KEITH Notary	Public											
Calcinian T	NAME OF THE PARTY OF THE	ו עוויוור											
ly Commission Ex	pires Novemb	er 23, 2017											



Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number			Report (Mark	Filed By X)	Candidate Committee				Lobbyist
Name of Filing Com Lobbyist	mittee, Ca	ndidate or	Friends of Jim McHale						
Street Address			1512 Ber	n Street					
City	Reading				State	PA	Zip Code	19604	
Type of Report (Plac	e x under i	report type)				<u> </u>	:		
1- 6 th Tuesday 2- Pre-Primary Pre	2 nd Friday Primary		4-6 th Tue Pre-Elec		2 nd Friday e- Election	6- 30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
						X			
Date Of Election (MM/DD/YYYY)		11/03/2015	Year		2015	Amendment Report		Termination Report	
Summary of Receipt	ts and	From Date		o Date		7-10-1	For	Office Use Only	The second
Expenditures		10/20/2015		11/23/2	2015				
A. Amount Brought	2		\$	33,1	34				
B. Total Monetary C (From Schedule I)	ontributio	ns and Receipts	\$	9,83	5				
C. Total Funds Availa (Sum of Lines A and			\$	42,96	59				
D. Total Expenditure (From Schedule III)			\$	42,10	06				
E. Ending Cash Balance (Subtract Line D from Line C)			\$	\$ 863					
E. Value of in-Kind C (From Schedule II)	2,000								
G. Unpaid Debts and (From Schedule IV)	Obligation	The second second second second second	\$	2,13	3				
					Affidavit Sed				
Part 1- If this is a Comm I swear (or affirm) that							ge and belief tr	ue, correct and complet	P
Sworn to and subscribe 3 day of Old Skimbling			•		Ö	Josephil	of Person Submi	lle;	_
1/		NSON DANIE N	7 .	•	610)	823-0		
KIMBERLY S. K	RIALASEAL	DAY VII	. 1		A	rea Code		time Telephone Numbe	r
Part II, If this is a region to the artist of the artist o	Wa Candida	Muthorized C	ommittee nd belief th	, candidate :	shall sign he committee h	re. nas not violated any	provisions of th	ne Act of June 3, 1937 (I	P.L. 1333, NO.320) as
Sworn to and subscribed before me this 3 day of December 20 15 Signature of Candidate James R. McHale Printed Name						_			
My Commission expires	My Commission expires 11 29 201 - MO. DAY YR.				484 ———	rea Code	467-712 Daytir	ne Telephone Number	_
COMMONWEAL' NOT. KIMBERLY S.						Total Property of the Property			

KIMBERLY S. KEITH, Notary Public Ontolaunee Twp., Berks County My Commission Expires November 29, 2017

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	
	Friends of Jim McHale

		See and the second	
(1)	\$	60	
			T) ji
	\$		
		0	
	>	2,975	
(2)	\$	2,975	
			XT III
	è	Se illand	
	Þ	4,800	
	\$	2,000	
(3)	\$		
		6,800	
SERVICE CERTSU		一种 电二十二十二十二	1
(4)	\$	0	
	\$		
	(3)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	\$ 0 \$ 2,975 (2) \$ 2,975 \$ 4,800 \$ 2,000 (3) \$ 6,800

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00
Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

Filer Identification Number

	Friends of Jim McHale			
Full Name of Contains				Amount
Full Name of Contributing Committee			Date [MM/DD/YYYY]	\$
House # Street A	Address		Date [MM/DD/YYYY]	\$
City				1
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	
Committee			Date [WIM/DD/1111]	\$
House # Street A	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Fulf Name of Contributing			Date [MM/DD/YYYY]	\$
Committee				3
House # Street Ac	ddress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing			Date [MM/DD/YYYY]	\$
House # Street Ad	deac			
	uress		Date [MM/DD/YYYY]	\$
City	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Contributing			Date [MM/DD/YYYY]	\$
louse # Street &de				
Street Add	dress		Date [MM/DD/YYYY]	\$
ity	State	Zip Code	Date [MM/DD/YYYY]	\$
ull Name of Contributing			Date [MM/DD/YYYY]	
ouse # Street Add	Iress		Date [MM/DD/YYYY] 5	
ty	State	Zip Code	Date [MM/DD/YYYY] \$	
			, ==,	
			1	1

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

file / identification Number				
	Friends of Jim McHale			
Fall Name of Contillector			Military and a second	
	Michael S. Rivera		Date (MM/DD/YY)	// \$ / 75
House & tre	eet Address		10/27/2015 Date [MM/DD/YYY	
	₹.		Date [MM/DD/111	M] \$
Reading	State	Ep Code	Date MM/DD/YYY	M S
	PA	19601		
ull Name of Contributor	Elizabeth A. Proffitt		Date [MM/DD/YYY	YO S
			10/27/2015	75
Stre	et Address P. O. Box 39		Date [MM/DD/YYY	Y] \$
ity	State			
Birdsboro	PA	19508	Date [MM/DD/YYYY	n) s
still Name of Contributor	December 11		Date [MM/DD/YYYY	nus
	Thomas M. McMahon		10/27/2015	150
House # Street	et Address		Date [MM/DD/YYYY	1 5
	Washington St, Apt 5	501		
Reading	State PA	Zip Code	Date [MM/DD/YYYY	1 5
		19601		
Full Name of Contributor	atircia K. Sacks		Date [MM/DD/YYYY]	1 5
			10/27/2015	200
1412	Farr Rd.		Date [MM/DD/YYYY]	1 \$
duy . J	State	Zip Code		
Reading	PA	19611	Date [MM/DD/YYYY]	5
SELECTION OF Contributor			Date [MM/DD/YYYY]	\$
	ic W. Jenkins		10/27/2015	75
Hous 2 Street	Addrass		Date [MM/DD/YYYY]	\$
	Memorial Highway		100	
Fleetwood	Scate PA	Zip Code 19522	Date [MM/DD/YYYY]	\$
Full Name of Contributor		15522	Maria Ma	A. C.
	nnis J. McDonough		Date [MM/DD/YYYY]	\$ 125
Street	Allanes		10/27/2015	
1204	Oak Lane		Date [MM/DD/YYYY]	\$.
	State	Mip Code	Date [MM/DD/YYYY]	7
Reading	PA	19604	Sac Immy Doj 1111	4 5
	100 pt. 100 pt. 100 pt.			

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

gles,	i de la							
	<i>.</i>	Friends of J	im McHale					
D-21-7	PALMATER STATES			~ 				
						Date [MM/DD/YYYY]	5	Z
		Michael A. I	1ajost			10/27/2015		125
100	8 6	Street Arteliand				Date [MM/DD/YYYY]	S	*
	467		Miller Rd.					
	Sinking Spring		State	Zip Coire		Date [MM/DD/YYYY]	5	
	7.1		PA	G.	19608			4
iull N	lame of Contri	butor				Date [MM/DD/YYYY]	5	
		Annarose Mi	ilch			10/27/2015	160	75
łous	100	Street Address	-			Date [MM/DD/YYYY]	5	
	1855		Alsace Rd.					
City		The state of the s	State	Zip Code		Date [MM/DD/YYYY]	\$	
	Reading		PA		19604		-	
E MILN	ame of Contrib	outor				Date [MM/DD/YYYY]	5	
		Mark C. Chris	tman			10/27/2015		125
House	#	Street Address				Date [MM/DD/YYYY]	\$	
	3937		N. Alabama Ave.					
City	1		State	Zip Code		Date [MM/DD/YYYY]		
	Reading		PA		19605	Date [MM/DD/TTT1]	\$	
Full Na	me of Contrib	utor		N. A. S.		Date [MM/DD/YYYY]	5	
		Theresa C. Lar	npe			10/27/2015		125
Couse	#	Street Address				Date [MM/DD/YYYY]	\$	
	45	, , , , , , , , , , , , , , , , , , ,	ingfisher Dr.					
City			State	Zip Code	7	Date [MM/DD/YYYY]		
	Birdsboro		PA		19508	Date [min/DD/TTTT]	\$	
rull Na	me of Contribu	otor :				Date [MM/DD/YYYY]	\$	
8		Sandra J. Fishn	nan				•	75
louse		Street Address				10/27/2015		
	1402	Fa	arr Road			Date [MM/DD/YYYY]	\$	
City		the transport of the	State	Zip Code				
	Reading		PA		19611	Date [MM/DD/YYYY]	\$	
Euli Nai	me of Contribu	tor		may to		Date [MM/DD/YYYY]	\$	
		E. C. Lytz					Description	125
House t	b:	Street Address				10/27/2015 Date [MM/DD/YYYY]		
	1213		x Rd.			Date [MIM/DD/TTTY]	\$	i
Clay 1	· ·	Sec. 11. 11. 12. 12. 12. 12. 12. 12. 12. 12	State	//ip Code	T			
	Leesport		PA	Be to the first the second second second	19533	Date [MM/DD/YYYY]	\$	

PART B **All Other Contributions**

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

the Mentification Commit	Friends of Jim McHale	
Full Name of Contributor	Javier Ortega-Benitez	Date [MM/DD/YYYY] \$ 10/27/2015 125
124	N. 5th St	Date [MM/DD/YYYY] \$
Reading Full Name of Contributor	State PA Zip Code 19601	Bate [MM/DD/YYYY] 3
	Andrew Kemmerer	Date [MM/DD/YYYY] \$ 100
1004 Street	Josephine Dr.	Date [MM/DD/YYYY] \$
Temple Full Name of Contributor	PA Zip Code 19560	flate [MM/DD/YYYY] \$
House # Stree	ern McMillan	Date [MM/DD/YYYY] \$ 125 Date [MM/DD/YYYY] \$
City 801	N. 26th St.	Date [MM/DD/YYYY] \$
Reading Full Name of Contributor	PA 19606	Date [MM/DD/YYYY] \$
	fred J. Weber	10/28/2015 200 Bate [MM/DD/YYYY] 5
City	Fox Glove Ln.	

20 Code

Zip Code

Zip Code

19606

19073

19601

State

Street Road

Lehigh St.

State

State

Robert W. Thomas

William D. Seidel

Street Address

Street Address

PA

PA

PA

Reading

67

Newtown Square

Full Name of Contributor

910

Reading

House #

City

House I

City

Full Name of Contributor

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

10/28/2015

Date [MM/DD/YYYY]

Date [MM/DD/YYYY]

10/28/2015

Date [MM/DD/YYYY]

Date [MM/DD/YYYYI

Date [MM/DD/YYYY] | \$

\$

\$

100

125

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Gler bestfiction Kinds	
Friends of Jim McHale	
Jean Moretti	Date [MM/DD/YYYY] \$
	10/28/2015 75
Rouse # Sireet Address	Bate [MM/DD/YVYY] * \$
N. 26th St.	
Reading State PA 19606	Date [MM/DD/YYYY] &
Full Name of Contributor	Date [MM/DD/YYYY] \$
THOMAS CHAVES	100
Street Activess	Date [MM/DD/YYYY] \$
1001 KENNEDY COURT	
Try 1	Date [MM/DD/YYYY] \$
JEFFERSONVILLE PA PA 19403	Date [MM/DD/YYYY] \$
vill Name of Contributor	Date [MM/DD/YYYY] \$
GREGG BOGIA	100
House Street Address	
100 SEYLER ROAD	Date [MM/DD/YYYY] \$
City Siate Zie Code	
FLEETWOOD PA 19522	Date [MM/DD/YYYY] \$
Full Name of Contributor	
STEPHEN NAJARIAN	Date [MM/DD/YYYY] \$ 250
House # Street Address	
	Date [MM/DD/YYYY] 5
Tity 7	
State Zip (ode)	Date [MM/DD/YYYY] \$
Full Name of Contributor	
JOHN PATRICK BROWN	Date [MM/DD/YYYY] \$
Rouse : Street Astronomy	10/24/2015 75
1300 ALSACE RD	Date [MM/DD/YYYY] \$
The state of the s	10/26/2015 250
READING State PA 210 Code 19604	Date [MM/DD/YYYY] \$
Full Name of Contributor	
\$ ₁₀₀	Date [MM/DD/YYYY] \$
Nouse # Street Address	
And the second of the second o	Date [MM/DD/YYYY] \$
Spate Zip Coole	Date [MM/DD/YYYY] \$

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

	Friends of Jim McHale			
Considering Commes	PA Future Fund		Date [MM/DD/YYYY	1 \$
Bioruse # 1			10/27/2015	4,800
	P. O. Box 6128		Date [MM/DD/YYYY	1 \$
Harrisburg	State	Zip Code	Date [MM/DD/YYYY	\$
Full Name of		1/112		
Contributing Committee			Date [MM/DD/YYYY]	\$
Stre	et Address		Date [MM/DD/YYYY]	\$
(Ay	State	Zip Code	Date [MM/DD/YYYY]	\$
Gull Name of Contributing Committee		The second second	Date [MM/DD/YYYY]	\$
House # Stree	et Address		Date [MM/DD/YYYY]	5
City	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Committee		1000	Date [MM/DD/YYYY]	5
				4
House # Street	t articest		Date [MM/DD/YYYY]	\$
tity	State	Zip Code	Date [MM/DD/YYY]	\$
full Name of Contributing Committee	P ²		Date [MM/DD/YYYY]	\$
Strep	i Addicess		Date [MM/DD/YYYY]	\$
City	State	Zio Code	Date [MM/DD/YYYY]	5
Full Name of Contributing Committee	M. Indiana		Date [MM/DD/YYYY]	\$
	Misica		Date [MM/DD/YYYY]	3
	\$tate	Zip Code	Date [MM/DD/YYYY]	\$

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C)

The second secon	pontical committees	reported in Part C)
FILE	ends of Jim McHale	
Full Name of Contributor		
	llard T. Bullock	Date [MM/DD/YYY] 500
	iliara I. Bullock	10/27/2015
House # Street A	ddress	Date [MM/DD/YYYY] 3
124	East Side Drive	
City	State Zip Code +	
Rehoboth Beach	DE 19971	Date [MM/DD/YYYY] 5
Employer Name	Retired	Recupation
Employer Mailing Address /	netiled	Retired
Principal Place of Business	N/A	
Full Name of Contributor		Date [MM/DD/YYYY] \$
Tom	Nordhoy	F00
House # Street Ac	P. Control of the Con	10/2//2015
112	Antietam Trace	Date [MM/DD/YYYY] \$
City	PA 19606	Date [MM/DD/YYYY] \$
Employer Name	PA 19606	
	Via Pay Pal STRATEGIC REPORTS IN	Occupation via Pay Pal Pass Constitution
Employer Mailing Address /	via Pay Pal	c via Pay Pal PRESIDENT
Principal Place of Business	Via Fay Fai	
Full Name of Contributor	1.1=10669	Date [MM/DD/YYYY] \$
Pierce	e F. O'Malley	11/05/2015 500
House # Street Add	dress	Date [MM/DD/YYYY] \$
City	State Sin Code 577	
Reading	PA 19601	Date [MM/DD/YYYY] S
Employer Name		
Employer Mailing Address /		Occupation
Principal Place of Business		373
Full Name of Contributor		
	INDY NEEL	Date [MM/DD/YYYY] \$
The second secon	AL	10/21/2015 500
TO COLUMN		Date [MM/DD/YYYY] \$
152	W. DOUGLASS ST.	
ity 12	State Lip tode	Date [MM/DD/YYYY] §
READING	PA 19601	
mployer Name	The state of the s	Ciccupation C 00
mployer Mailing Address /	WING POINTE CORP	GM
of Position		

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Friends of Jim McHale

Full Name				
House #	Street Address			
City		Castlet	(,Zlg) , e ^z .	Date [MM/DD/YYYY] \$
			Core	
Receipt Description		South Section Section	his sales and a first sales	· 英国
Full Name	a de la companya de l			7.2
House #	Street Address	<u> </u>		
City		State	Zp	Date [MM/DD/YYYY] 5
Receipt Description		S. Service	Code	
Full Name				
House #	Street Address			
City	A second	state.	IID Code	Date [MM/DD/YYYY] 5
Receipt Description				
Full Name				
House #	Street Address			
City		State	Zip	Date [MM/DD/YYYY] \$
			Code	
Receipt Description				
Full Name				
House #	Street Address			
City		State	(Z)	Date [MM/DD/YYYY] 5
			Code	
Receipt Description				
Full Name	NA CONTRACTOR			
House #	Street Addre			
City		State		Date [MM/DD/YYYY] 5
Receipt Description			Sada	
neceipt Description				

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD

DETAILED SUMMARY PAGE

Filer Identification Number:	Friends of Jim McHale			
1. UNITEMIZED IN-KIND	CONTRIBUTIONS RECEIVED-VALUE OF	\$50.00	OR LESS PER CONTRIBUTOR	
TOTAL for the reporting period	(1)	\$	0	
2. IN-KIND CONTRIBUTION	ONS RECEIVED-VALUE OF \$50.01 TO \$25	0.00 (F	ROM PART F)	
TOTAL for the reporting period	(2)	\$	0	
3. IN KIND CONTRIBUTIO	N RECEIVED-VALUE OVER \$250.00 (FRO	M PAR	RTG)	55
TOTAL for the reporting period	(3)	\$	2,000	46
TOTAL VALUE OF IN-KIND CONTR PERIOD (Add and enter amount on Page 1, Report Cover Page, Ite	RIBUTIONS DURING THIS REPORTING totals from boxes 1, 2, and 3; also enterem F)	\$	2,000	

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification Number:	
	Friends of Jim McHale

Full Name of	Contributor			ST STATE OF THE ST	
				Date [MM/DD/YYYY] \$	
House #	Street Addres				
				Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MIM/DD/YYYY] \$	
Description of	f Contribution				
Full Name of	Contributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of	Contribution	Water the second			
Full Name of C	entributor			Date [MM/DD/YYYY] \$	
House #					
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
				Date [MM/DD/YYYY] \$	
Description of (
Full Name of Co	intributor			Date [MM/DD/YYYY] \$	
House #	Street Address			Date [MM/DD/YYYY] \$	
City		State	Zip Code	Date [MM/DD/YYYY] \$	
Description of C	ontribution				
Full Name of Co	ntributor			Date [MM/DD/YYYY] \$	
House #	Common California				
	Street Address			Date [MM/DD/YYYY] \$	
lity		State	His Code	Date [MM/DD/YYYY] \$	
				Pere (minity boy (TTE) \$	
escription of Co	entribution				
THE RESERVE OF THE PERSON NAMED IN					

SCHEDULE II

Part G

In-Kind Contributions Received

Filer Identification Number:		VALUE OVER \$	250
ruer inentification Number:	riends of Jim McHale		
Full Name of Contributor	rial (in		Date [MM/DD/YYYY] \$
	udy Henry		10/26/2015 2,000
House # Stree	t Address		Date [MM/DD/YVYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Judy's on Ch	erry	Occupation Owner
Employer Mailing Address / Place of Business	ALCOHOLD STORY	t, Reading PA 19601	Description of Cocktail Reception
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street	Address		Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] 5
Employer Name		and the same of	Occupation
Employer Mailing Address / P Place of Business	rincipal		Description of Contribution
Full Name of Contributor			Date [MM/DD/YYYY] \$
House # Street A	ddress		Date [MM/DD/YYYY] \$
Sity	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name			Occupation
mployer Mailing Address / Prilace of Business	incipal		Description of
ull Name of Contributor			Date [MM/DD/YYYY] \$
ouse # Street Ac	ldress		Date [MM/DD/YYYY] \$
cy .	State	Zip Code	Date [MM/DD/YYYY] \$
mployer Name			Occupation
nployer Mailing Address / Pri ace of Business	ncipal		Description

Contribution

Statement of Expenditures

Filer Identification Number:	
	Friends of Jim McHale

To Whom Pair		
	iHeart Media	Date [MM/DD/YYYY] \$ 720.65
House #	Street Address	Description of Expenditure
City	State Zip	
To Whom Paid	Code	
	Scott Burger	Date [MM/DD/YYY] \$ 2,283.76
House # 663	Street Address Cross Hill Road	10/28/2015 2,283.76 Description of Expenditure
City		
Royersfor	d State PA Zip Code 19468	Campaign Manager - Fee & expense reimbursement
To Whom Paid	Maria Diesel	Date [MM/DD/YYYY] \$
House # 1533	Street Address	10/28/2015 3,702.18
City	Johnnys Way	Description of Expenditure
West Ches	ter State PA Zip Code 19382	Consulting
To Whom Paid	Red Maverick Media LLC	Date [MM/DD/YYYY] \$
House #	Street Address	10/28/2015 31,690
403	N. Second Street, FL2	Description of Expenditure
Gity	State PA Zip 17101	Postcards and postage
To Whom Paid	James McHale	Date [MM/DD/YYYY] \$
House #	Street Address	10/28/2015 304.75
1512	Bern Street	Description of Expenditure
Reading	PA Code 19604	Expense reimbursement
To Whom Paid		Date [MM/DD/YYYY] \$
fouse #	Red Maverick Media LLC	10/29/2015 250
403	N. Second Street, FL2	Description of Expenditure
Harrisburg	State PA Zip 17101	Fostage
o Whom Paid	Reading Eagle Co.	Date [MM/DD/YYYY] \$
fouse #		10/29/2015 2,200
345	Street Address Penn Street	Description of Expenditure
Reading	Sales PA Zip 19602	Newspaper advertisement
o Whom Paid	Reading Republican Committee	Date [MM/DD/YYYY] \$
ouse #		10/29/2015 50
1238	Street Address Linden Street	Description of Expenditure
Reading	State PA Zip 19604	Poll Boards
	Code 15004	

Statement of Expenditures

Friends of Jim McHale	

To Whom Paid			Date [MM/DD/YYYY]	8
	Werner Promotions		10/30/2015	205
House #	Street Address		Description of Expenditur	e
City	State	in the second		Mental Manager
To Whom Paid		od 2012	Radio advertisement	
	Red Maverick Media LLC		Date [MM/DD/YYYY] \$	700
House # 403	Street Address N. Second Street, FL2		10/30/2015 Description of Expenditure	SA .
City Harrisburg	State 7	io e		
To Whom Paid	PΔ	ode 17101	Robo-phone calls	
to whom said			Date [MM/DD/YYYY] \$	
House #	Street Address		Description of Expenditure	
City	State 7			
		ode		
To Whom Paid			Date [MM/DD/YYYY] \$	
fouse #	Street Address			
City			Description of Expenditure	
	State Zi	de .		The second secon
o Whom Paid			Date [MM/DD/YYYY] \$	
louse #	Street Address			
ity			Description of Expenditure	
	State Zip	100/15/2006		SHOULD BE SECULO CONTRACTOR OF THE SECULO CONT
Whom Paid			Date [MM/DD/YYYY] \$	
ouse #	Street Address			
	Super Address		Description of Expenditure	
ty	State Zip Coo	ia	Barrier Committee Committe	
Whom Paid		ug .	Date [MM/DD/YYYY] \$.	
ouse #				
	Street Address		Description of Expenditure	
Y	State Zip			
Whom Paid	Cod			
			Date [MM/DD/YYYY] \$	
use #	Street Address		Description of Expenditure	Production of the Production o
•	State Zip			and the second of the second of the
	Code	No.		

SCHEDULE IV

Statement of Unpaid Debts

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Friends of Jim McHale

Name of Creditor	parties Michale		Outstanding Balance of Deb
House #	Street Address	DATE DEST INCURRED	\$"
1512	Bern Street	[MM/DD/YYYY]	
City	Later	11/03/2015	
	Reading	State PA Zip 19604	1,433
Description of De	Election night party at campaign headquart	The state of the s	
lame of Creditor		ters	
	Sonic Fx Entertainment		Outstanding Balance of Debt
ouse#	Street Address	DATE DEBT INCURRED	\$
3368	Oley Turnpike Rd	[MM/DD/YYYY]	
ty		11/03/2015	
	Reading	PA Code 19606	200
escription of Deb		- dayward	No.
	DJ at Election night party at campaign head	quarters	
ame of Creditor	Ed Hadnagy		Outstanding Balance of Debt
use #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
		11/03/2015	
y		State Zip	250
scription of Debi		Code	
			· · · · ·
me of Creditor	Jon Mikula		Outstanding Balance of Debt
use #	Street Address	DATE DEBT INCURRED	\$
		[MM/DD/YYYY]	
		11/03/2015	
		State Code	250
cription of Debt		the state of the s	
ne of Creditor			Outstanding Balance of Debt
se#	Street Address	DATE DEBT INCURRED	
		[MM/DD/YYYY]	t i
	A STATE OF THE STA	,	
		State Zip	
cription of Debt		Code	
e of Creditor			Outstanding Balance of Debt
ie#	Street Address	DAY- NOT-	
		DATE DEBT INCURRED [MM/DD/YYYY]	\$
		And Application	
HAT A THE		Size Zip	
		The first was a first of	
ription of Debt		Code	